

Entered - 11/02/00 - sb
CL00L0671 - DIANNE C. MITCHELL

01-12-0165

**CLAIM OF: CAPITOL INDEMNITY CORPORATION AS
SUBROGEE OF RAJA INDIAN RESTAURANT, INC.
P. O. Box 5900
Madison, WI 53705-0900**

For damages alleged to have been sustained as a result of a sewer back up
on April 15, 2000 at 2955 A-2 Peachtree Road, NE.

**BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:**

BE IT RESOLVED by the Council of the City of Atlanta that the action of
the Department of Law be approved in authorizing payment to **CAPITOL
INDEMNITY CORPORATION AS SUBROGEE OF RAJA INDIAN
RESTAURANT, INC.** the sum of **\$1,304.24** in full settlement and
satisfaction of all claims, past, present and future, of every kind and
character for damages alleged to have been sustained as a result of a sewer
back up on April 15, 2000 at 2955 A-2 Peachtree Road, NE as is more
particularly set forth in the within claim; said sum taken from and charged
to account 2J01/529017/T31001, Settlement of Suits and Claims,
Department of Law.

**APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY**

BY: Rosalind Rubens Newell
**ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY**

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0671

Date: January 30, 2000

Claimant /Victim CAPITOL INDEMNITY CORPORATION AS SUBROGEE OF RAJA INDIAN RESTAURANT, INC.

BY: (Atty) (Ins. Co.) _____

Address: P. O. Box 5900, Madison, WI 53705-0900

Subrogation: X Claim for Property damage \$ 1,304.24 Bodily Injury \$ _____

Date of Notice: 04/20/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 04/15/00 Place: 2955 A-2 Peachtree Road, NE

Department Public Works Division: Sewer Operations

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant's property was damaged due to a sewer back up. The City discovered a broken sewer main line on April 1, 2000 after an occupant in same building as the claimant suffered a sewer back up. However, the claimant sustained damages to its property from another sewer back up before the City could complete the repairs to the sewer line.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ 1,304.24 Adverse _____ Account charged: 1A01 _____ 2J01 X 2H01 _____

Claims Manager  Concur/date 01-30-07

Committee Action _____ Council Action _____



Capitol INDEMNITY CORPORATION *Mr. DeLu*

4610 University Ave., P.O. Box 5900 Madison, WI 53705-0900
Phone: (608) 231-4450

31-10-00P06:53 RCVD

October 24, 2000

Council of the City of Atlanta
Municipal Clerk
City Hall
35 Trinity Ave. S.W.
Atlanta, GA 30335

ENTERED - 11-2-00 - SB
00L0671 - DIANNE MITCHELL

Claim Number: 76437
Insured: RAJA INDIAN RESTAURANT INC.
Date Of Loss: 4-15-00
Policy number: BP00119477
Contact Person: D. Christian Ellestad PH:(608) 232-0417

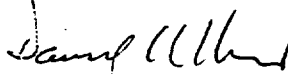
Dear Sir,

Capitol Indemnity Corporation is the property insurer for RAJA INDIAN RESTAURANT INC., of 2955A-2 Peachtree Rd. On April 15, 2000, our insured suffered a personal loss of business because the service you provide in the form of sewer control failed to provide adequate service and reasonable function. As a result of the lack of maintenance of the sewer system near our insured's place of business, we have been called upon to pay a loss of business income claim in the amount of \$1,304.24.

The purpose of this letter is to put you on notice that we expect you or your insurance manager to pay for this loss in full. You may make payment to **Capitol Indemnity Corporation**, and send it to the above address.

Failure to take responsibility for this matter will require us to seek relief in the courts.

Sincerely,


D. Christian Ellestad
Claims Adjuster

01-*L*-0165

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